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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION

Multi-country programme for Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States**

SUMMARY

The present document contains a recommendation for funding a multi-country programme for Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States (covering Belarus, Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, the Russian Federation, Slovakia and Ukraine). The Executive Director recommends that the Executive Board approve the amount of $6,000,000 from general resources, subject to the availability of funds, and $5,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998 to 1999.

* E/ICEF/1997/20.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1997/P/L.18).

THE SITUATION OF CHILDREN AND WOMEN

1. The financial and social deterioration that followed the collapse of the former communist system in the early 1990s greatly reduced support services for mothers, children and other vulnerable populations. Consequences have included increased family violence, juvenile crime, child abandonment or neglect, and unhealthy adolescent lifestyles that have persisted even in countries that have begun the recovery process. The decline in health services and other preventive measures has led to epidemics of diphtheria and polio. The lack of proper information and alienation among youth have resulted in changed behaviour, as evidenced by the sheer increase of sexually transmitted diseases (STDs) and HIV/AIDS.

2. While in several countries there have been important advances, in many countries the much needed reforms of education, health and social service systems that were once centrally controlled are evolving only slowly. The application of child protection laws are delayed. Governments faced with the enormous problems and dwindling financial resources find it very difficult to respond to needs beyond the most immediate. This has resulted in the deterioration of social safety nets in many countries, as evidenced by the general decline of family welfare indicators. In many cases, families cannot cope with the increased burden caused by high unemployment rates, decreased family benefits, a net loss of purchasing power and a rise in charges for housing and other basic necessities.

3. Because parents are struggling with the overwhelming task of meeting basic needs, they have less time to spend with their families. Ultimately, the children suffer because of a lack of sufficient support from their parents. Adolescents are less supervised and have large amounts of free time. This is exacerbated by disillusionment concerning their future in a society in transition. At the same time, traditional recreational and other support services have ceased to exist due to economic difficulties.

4. Surveys have shown a correlation between the heavy social and economic burdens brought on by this transition, which affect many families, and the increase in alcoholism and substance abuse, depression and, in some cases, suicide and a significant decrease in life expectancy for men in a number of countries. This affects not only men but, also women in the prime age of their child-rearing years. It has also been observed that there has been a drop in child births, a decrease in marriages and an increase in divorce rates.

5. With increased divorce rates and an increase in out-of-wedlock childbirths, many more households are headed by single parents. Many children come from dysfunctional families. Parents are facing more difficulties in earning extra income and, therefore, do not have sufficient time for child care. There is also an increase in the institutionalization of children. At the same time, institutions lack resources and supplies, and continuing training for service providers no longer takes place.

6. Maternal health continues to be an area of concern. Recent diphtheria and polio epidemics prove that surveillance systems are failing, and immunization rates in the early period of the transition have decreased. However, appropriate measures have been taken, and in almost all countries these epidemics are under control.

7. Although malnutrition is not a pervasive problem in the region, there are multiple indications of micronutrient deficiencies, particularly iron deficiency anaemia, iodine deficiency disorders (IDD) and the lack of vitamins C and D.

8. Before the dramatic changes brought about by the transition, the region was endowed with highly developed education systems and a highly literate population. However, this situation is changing, and in many countries, enrolment has declined drastically.

9. Based on this brief analysis, it is clear that governmental and civil society assistance is urgently needed, particularly focusing on social services for family support. Multisectoral partnerships, combined with voluntary and private sector cooperation, must be forged to adequately address this bleak situation for families and children in an effective and sustainable way. The slow development of civil society and non-governmental organizations (NGOs), however, represents a further handicap for this strategy, and major efforts need to be made to stimulate development and coordinate significant interventions.

10. It is also important to note that the situation in each country varies considerably; that countries have reached different levels of economic and social progress during the transition period. It should also be borne in mind that these countries are endowed with highly qualified human and institutional resources on which to build their future.

PREVIOUS PROGRAMME COOPERATION AND SELECTED COUNTRY-LEVEL INTERVENTIONS

11. Allocations from a regional fund and seed money were used for data collection, research, surveys and policy guidance for countries in Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States where no individual UNICEF country programmes presently exist.

12. Consequently, UNICEF supported the monitoring of social indicators (a project conducted by the UNICEF International Child Development Centre (ICDC) in Florence); provided assistance for the promotion of breast-feeding and the Baby-Friendly Hospital Initiative (BFHI), as well as technical assistance and limited material aid for the achievement of universal salt iodization and IDD prevention; and encouraged countries to complete their situation analyses on children and women with the objective of preparing a national programme of action.

13. Since all countries of the region have ratified the Convention on the Rights of the Child, UNICEF has strengthened its advocacy efforts for the adaptation of national legislation and initiation of the process of putting the Convention to work for children in each country. Some of these major objectives have been most actively pursued through the strengthening of UNICEF presence in Moscow and the reinforced offices in Belarus and Ukraine, as well as the active participation of National Committee staff in the other eight countries where they play an important role in advocacy and social mobilization. Through UNICEF support, international and national NGOs are becoming increasingly involved not only in training activities, but also in the organization of workshops and seminars on specific subjects dealing with children in need of special protection.

14. In this context, the 89-member NGO/UNICEF Coordinating Committee on Activities for Children in Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States represents a major forum for the selection of themes and issues and the implementation of agreed upon activities. One of the activities involved the assessment of adolescent health and civil society and implementation of the Convention. This exercise covered seven countries of the region and resulted in a comprehensive report which was submitted to an NGO forum organized in cooperation with the Council of Europe. It will be used in the formulation of UNICEF work in the future.

15. The translation of major documentation into local language versions continues, and documents such as The State of the World's Children report, Progress of Nations, the regional monitoring report entitled "MONEE", and "Children First", the Convention as well as a detailed NGO kit are now widely used in UNICEF collaboration with partners.

16. UNICEF participated actively in control programmes against diphtheria, polio and cholera and contributed to inter-agency efforts on health systems reform in Ukraine (Ukraine Health Initiative). A training package for Integrated Management of Childhood Illnesses, prepared in cooperation with the World Health Organization (WHO), is now being tested before wider application, planned for 1998.

17. Several countries benefited from donor contributions (especially from the Government of Canada and the German National Committee) for the purchase of vaccines, essential drugs, cold-chain equipment and assistance to children in need of special protection measures.

18. Emergency assistance was provided for children affected by the Chernobyl nuclear disaster and the victims of war in and around Chechnya. Recently, a limited amount of general resources has been allocated for capacity-building and emergency relief during the present economic emergency in Bulgaria, mostly in the sectors of health, nutrition and improved living conditions for children in need of special protection.

Lessons learned

19. First, UNICEF must build on the region's past achievements and its wealth of basic social infrastructures and human resources. Second, the Convention carries significant weight in the region and provides a valuable foundation and framework for UNICEF work with Governments, civil institutions and other partners. Third, limited programme resources for this large and populous region require that UNICEF efforts be primarily catalytic in nature, seeking to mobilize action and resources from Governments, other donors and civil society. Fourth, UNICEF must continue to build partnerships and coalitions to address children's issues, especially with other United Nations agencies, international financial institutions, the European Union, international NGOs and bilateral donors. Fifth, there should be an emphasis on assisting countries to develop civil society, with the family at its centre, to sustain efforts for children. Sixth, UNICEF should link its emergency-related activities to a developmental approach. Seventh, UNICEF should focus on policy and systems reform, using data collection and analysis as a critical tool to help Governments assess the impact of their legislation and actions on behalf of children and youth and redesign their approaches to achieve maximum benefit in these areas.

RECOMMENDED PROGRAMME COOPERATION, 1998-1999

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	Total
General resources			
Health and nutrition	1 200	1 000	2 200
Education	400	400	800
Children in need of special protection	300	500	800
Advocacy and communication	400	400	800
Monitoring, evaluation and research	400	400	800
Cross-sectoral costs	300	300	600
Subtotal	3 000	3 000	6 000
Supplementary funds			
Health and nutrition	1 400	1 200	2 600
Education	200	300	500
Children in need of special protection	600	700	1 300
Advocacy and communication	200	200	400
Monitoring, evaluation and research	100	100	200
Subtotal	2 500	2 500	5 000
Total	5 500	5 500	11 000

Programme preparation process

20. The programmes were developed in consultation with the government ministries of the 11 countries and with the active involvement of the eight National Committees and three field offices. Consultations also were held with relevant NGOs, United Nations agencies, bilateral and multilateral donors, the media and academic institutions. The process was facilitated by a series of assessment missions to all 11 countries in early 1997. Other facilitating factors included the availability of a wide range of relevant documentation, including the various situation analyses; the regional project in monitoring the transition in Central and Eastern Europe known as the "MONEE" reports; the United Nations Development Programme (UNDP) Human Development reports, WHO data on health care, the UNICEF analysis of the health situation in these countries and mission reports by UNICEF staff, consultants and various partners. The preparation process concluded with a meeting in Geneva between the Regional Office and representatives of delegations from the United Nations missions of the countries covered by this programme.

Programme objectives and strategies

21. The Convention on the Rights of the Child, ratified by all countries in the region, provides the overall basic framework for UNICEF assistance, particularly relevant where child rights issues are at the root of many of the fundamental changes that have taken place.

22. With a well-developed infrastructure and skilled human resources in the region, the focus of UNICEF in these countries will be on safeguarding achievements of the past, contributing to the further capacity-building and collaboration with institutions in order to initiate studies on cost-effectiveness which will help to adequately respond to child protection issues.

23. The strategy entails making the stipulations of the Convention operational through selected interventions focusing on improved child care, development and protection of the adolescent, and specific health activities in order to promote children and women's health as well as to support education, communication and advocacy.

24. The regional strategy comprises the following three closely interlinked categories:

(a) Support to social sector service delivery;

(b) Public policy and systems reform;

(c) Strengthening civil society and public institutions.

25. The objectives are:

(a) To develop a better understanding of children's issues through strengthening country capacity in data collection and analysis in support of policy development and systems reform;

(b) To advocate and support children's rights actions at the country level through capacity-building and problem-solving with civil society, communities and Governments;

(c) To promote innovative approaches for child and adolescent protection and development, while safeguarding the participation of adolescents in the process;

(d) To strengthen and closely coordinate work with all relevant partners (United Nations agencies, National Committees, international and national NGOs, bilateral donors, etc.) on the protection of children and mothers;

(e) To enhance information and experience exchange among countries of the region and facilitate the dissemination of best practices.

Health and nutrition

26. UNICEF collaboration will focus on supporting innovative approaches to health systems reform that promote prevention and healthy behaviour, improve the quality of care and ensure access to essential health services. UNICEF will continue its support to monitoring the evolution of the health status of children, women and adolescents and address the causes of morbidity and mortality and risk factors, including micronutrient deficiencies.

27. Recent experience with health system reform in many countries has not necessarily halted the deterioration of health services. Equity in health has generally deteriorated not only in terms of access to essential services, but also in terms of health status differentials between different social and age

groups. UNICEF will assist countries in assessing the impact of the reforms on vulnerable groups and in devising policies and strategies to improve their access to essential health services. The dissemination of best practices on innovative and equitable approaches will be promoted.

28. Adolescents have physical and psychological needs that must be addressed through: (a) assuring access to critical information and services; (b) ensuring an appropriate support environment in families, peer groups and communities; and (c) establishing a supportive policy environment.

29. To help achieve those objectives, Government-UNICEF cooperation will involve collaboration with other partners (the Joint United Nations Programme of HIV/AIDS (UNAIDS), the United Nations Population Fund, UNDP, WHO, NGOs, etc.) to develop strategies and approaches to effectively address adolescent health and well-being. Activities will include supporting AIDS centres (e.g. Lithuania) and other national institutions (e.g. Poland) in developing and disseminating information materials and training manuals and by reaching out-of-school children.

30. Recognizing the importance of women's reproductive health, and based on recommendations on the subject from the regional meeting, UNICEF will work with relevant country partners to advocate for the improvement of quality of care and in the promotion of an integrated services approach that will address all aspects of women's health. For example, in Estonia, UNICEF will work to improve the counselling skills of health care practitioners.

31. Although high immunization rates once again prevail in most countries, specific training in cold-chain and vaccine management are still required to sustain coverage. Assistance in the form of training on international vaccines procurement will be provided to some countries to enable them to become self-sufficient. UNICEF will also target mothers and families through support to mass media campaigns to create the necessary awareness of acute respiratory infections, diarrhoeal diseases and oral rehydration therapy. To address other health issues such as drug abuse, tobacco use, STDs and AIDS, UNICEF will develop and adapt appropriate materials to help improve programmes addressing adolescents' attitudes and practices.

32. UNICEF will strengthen its collaboration with WHO, nutrition institutes and international NGOs such as the International Council for Control of Iodine Deficiency Disorders and will continue its work in supporting achievement of universal salt iodization and initiatives to prevent other micronutrient deficiencies. UNICEF will also encourage countries to strengthen their nutrition surveillance systems.

33. Breast-feeding promotion and BFHI have had a varying degree of impact, depending on the country activities. To date, 250 "baby-friendly" hospitals have been established and a large number of health care practitioners have been trained, which has contributed to a strong network with counterparts at the national level. Further efforts will be made to improve exclusive breast-feeding rates during the first four to six months of life and the timely introduction of appropriate complementary feeding practices. Emphasis will also be placed on the enactment of national legislation for implementation of the International Code of Marketing of Breast Milk Substitutes, and collaboration with international NGOs such as the International Baby Food Action Network and the World Alliance for Breastfeeding Action will be strengthened further to achieve this goal.

Education

34. It is doubtful, in view of all the problems facing Governments, that a traditional institutionalized approach to early childhood education can be revived in a way that offers access to all children regardless of their socio-economic background. UNICEF will help to design and advocate for cost-effective, sustainable strategies that can offer quality early childhood development opportunities utilizing both formal and non-formal channels. These strategies will take into account successful experiences in home-based and parent education programmes.

35. Education policy reforms are slow in evolving. UNICEF will promote more broad-based dialogue on issues of equity, access, quality and relevance. Assessment and documentation of innovative projects in education will be undertaken, and specific evaluation studies that offer policy options will be planned.

36. The 1998 monitoring report, currently under preparation by ICDC, will develop strategic baseline data that will be used to propose policy directions. Equity and the use of innovative practices will be highlighted.

37. Another issue of increasing importance in the region, and for which UNICEF has developed resources and experiences in other countries, is the whole aspect of peace education and multi-cultural, multi-ethnic understanding. Using the "Education for Development" approach, UNICEF will conduct an assessment of possible approaches and strategies, and a programme is currently being developed to promote themes such as tolerance, peace education and the implications of the Convention on the Rights of the Child for use by teachers, teacher educators, and social and youth workers. Concurrent to these activities, close monitoring and a review will be undertaken to understand the consequences of such programmes.

Children in need of special protection measures

38. The region has witnessed an increase in child institutionalization, child neglect and abuse, and sexual exploitation as well as in street children, children in conflict with the law, and delinquency and substance abuse.

39. UNICEF will support efforts to strengthen the use of the Convention and support reviews of laws dealing with the protection of children. UNICEF will also assist communities, professionals and parents to understand and apply the provisions and raise awareness in the interest of the most vulnerable during this transition period. This will involve a cross-sectoral range of activities and the mobilization of NGOs, civil society, legislators, municipalities and local executives in the social sector as demonstrated, for example, in Slovakia by the Slovak Academic Information Agency. UNICEF, in cooperation with WHO and the Council of Europe, will advocate for the protection of minorities and their access to basic social services.

40. Sharing of expertise and experiences will be supported, and successful examples of child de-institutionalization, linked with strengthened social service support, will be promoted. One innovative project focuses on the placement of children from minorities and the identification of foster families by NGOs to demonstrate how families from minorities are able to assume responsibility for additional children. The Office for Ethnic Minorities in

Hungary, for example, will undertake a special programme for education of foster families from minority groups.

Advocacy and communication

41. An essential strategy and programme thrust will be the planning and implementation of strategic advocacy activities at both regional and national levels. UNICEF will seek to improve social sector policies, support innovative and cost-effective approaches and advocate for increased stronger resource allocations in sectors affecting children. UNICEF will also continue to promote greater awareness of the national problems of these countries and their children within the international community.

42. At both regional and national levels, UNICEF will promote collaboration among Governments and local authorities, parliaments, NGOs, religious groups, public and research institutions, and the media around the development and protection of children.

43. The media throughout the region is in a situation of transition and growth, with many new private newspapers and journals being created, commercial radio and television stations being set up, and State television being converted to public service stations. These media networks offer many opportunities for effective advocacy, as do many of the recently created NGOs in some countries. While many communication activities are already being undertaken, there is room for greater coordination among partners, the development of messages for specific target groups such as out-of-school children and parents, and media orientation on the Convention on the Rights of the Child.

44. A communication strategy, therefore, will be based on an analysis of country communication capacities, information needs and existing communication activities in the selected programme areas, and the needs for training and orientation. The identification of potential partners such as journalists, media decision makers, NGOs and institutes, and their communication activities, will help to determine areas in which UNICEF can provide support in coordination and to increase the impact and appropriateness of messages and materials developed. UNICEF will encourage activities that enable children and young people to "have a voice" and to participate in projects for their own benefit.

45. At the request of several countries, UNICEF will organize media workshops on the Convention on the Rights of the Child to enable journalists, programme directors, script writers and editors to have a better understanding of the practical aspects of the Convention and the ways in which it should affect the lives of children.

46. Healthy lifestyles communication packages focusing on subjects including adolescent health, substance abuse, violence in the family and school, balanced nutrition and hygiene, and good parenting will be made available for adaptation for different uses in each country. These will be aimed at raising public awareness and increasing public knowledge about priority areas threatening the lives of children and young people. UNICEF will facilitate the translation and reproduction of selected materials.

Monitoring, evaluation and research

47. One of the most important and effective monitoring efforts undertaken by UNICEF is the yearly reporting on social indicators, trends, set-backs and progress which ICDC carries out through the MONEE project co-financed by the World Bank.

48. Programme implementation will be monitored through systematic reviews of project performance. Meanwhile, ongoing evaluations of UNICEF involvement in BFHI and IDD activities will have consequences for course correction. An assessment is planned for activities dealing with adolescent health and lifestyles as well as for components for special protection measures. Such activities will also strengthen monitoring and evaluation capacities of national partners and contribute to consistent follow up. United Nations agencies such as UNDP, WHO and UNAIDS will be collaborating partners in these monitoring efforts and will assist in providing data.

49. Information collection and applied research will focus on the coverage of women, children and adolescents with essential health services, micronutrient deficiencies and their causes, and the feasibility of community-based programmes relating concerns of the Convention to the special protection of children and adolescents.

Programme management

50. The multi-country programme will be the responsibility of the Regional Office for Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States, with the support of the recently established UNICEF offices in Kiev, Minsk and Moscow. The regional office will arrange for the appropriate mix of technical and programme management support.